STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 425
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Gila Bend (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 10 yr. ; In Arizona 10 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Maricopa (c) City or Town Gila Bend (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Robert Washington Gills (b) If Veteran name war (c) Social Security No. None

4. Sex	5. Race	6. (a) Single, married, widowed or divorced
M.	White ☒ Indian ☐ Negro ☐ Oriental ☐	Widowed

6. (b) Name of husband or wife: Fannie
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased: Jan (Month) 25 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
89	0	6	hrs. min.

9. Birthplace: Hot Springs, Ark. (City, town or county) (State or Country)

10. Usual Occupation: Farmer

11. Industry or Business:

Father
12. Name: Oscar Gills
13. Birthplace: Kentucky (City, town or county) (State or Country)

Mother
14. Maiden Name: Thersian Piles
15. Birthplace: Kentucky (City, town or county) (State or Country)

16. (a) Informant's own signature: R.S.Gills
(b) Address: Gila Bend, Ariz,

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Gila Bend, Ariz (c) Date: Feb. 2 1944

18. (a) Embalmer's Signature: Robert C. Fitzgerald
(b) Funeral Director: Grimshaw Mortuary
(c) Address: 334 W. Monroe

19. (a) 2/2/44 – (Date received Local Registrar)
(b) Edith L. Wiedmer (Registrar's Signature)

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Jan. 31, 1944
TIME (Hour and minute): 8:00 A.M. M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: no Dr. - Died from
Due to: effects of the Flu.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

DURATION	PHYSICIAN
	Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Edith L. Wiedmer M. D.
Address: Gila Bend, Ariz. Date signed: 2/2/44